## IDAHO FIDUCIARY INCOME TAX RETURN

2001

141	0 0 4 0 1							
•	Check the box if this is an amended return.							
See instructions, page 3 for the reasons			Mo Day Year Mo Day					
						Mo ending	Day	∕ Year ∣
Name	e of estate or trust	For calendar year 2001, or fiscal year			V-	ending	$\bot$	
							-	F M
N	and the of these		-					
Name	e and title of fiduciary		Do you need Idaho		orms	Yes	• [	No
Λ al al a	as of fiducions (aumhor and atract)		mailed to you next y					
Addre	ess of fiduciary (number and street)					a resident		٦.
			■	he box if th	nis is	a final retur	n.	
City,	State and Zip Code							
1.	If reporting for an estate:							
•		of death						
	c. Was the decedent a resident of Idaho?	b. Enter the						
	d. If no, indicate the state of residence.					Yes	•	No
2.	Does this estate or trust have any nonresider	nt heneficiaries?				Yes	. [	No
3.	Adjusted total income or (loss). Federal Form		o 2 if poprosidor	.+	T .			
3. 4.	Interest and dividends not taxable under Inte							
<del>4</del> . 5.	State, municipal and local income taxes dedu							
6.	Net operating loss deducted on federal return							
7.	Idaho net operating loss. Attach your compu				_			
8.	Idaho income exempt from Idaho tax. Attach							
9.	Idaho adjusted income. Add lines 3 through	6 and subtract lines 7 and 8			9			
10.	Income distribution deduction to beneficiaries				_			
11.	Estate tax deduction				11			
12.	Subtract lines 10 and 11 from line 9.							
13.	Subtract lines 10 and 11 from line 9.  Exemption. See instructions.				13			
14.								
15.	Idaho income tax. Use the Tax Computation Schedule, page 2.				15			
16.	Credits. Schedule B, page 2				16			
17.	Subtract line 16 from line 15. If less than zero, enter zero.				17			
18.	. Income distribution to beneficiaries not reported to Idaho. See instructions				_			
	7. Tax on income distribution. Multiply line 18 by 7.6% • less credits •				19			
20.	Permanent building fund tax. See instruction							
21.	Fuels tax due. Attach Form 75				21			
	. Tax from recapture of investment tax credit. Attach Form 49R							
23.	<u> </u>				23			
24.	Estimated tax payments							
25.	Special fuels tax refund (							
26.			Allach Form	75	26			
27. ΔΜ	ENDED RETURN ONLY Skip lines 28 through		lod roturn	-	27			
	Tax paid with or after the filing of the original r			_	28			
29.								
	Add line 27 and line 28 and subtract line 29.			<b>-</b>	30			
	Original returns: If line 23 is more than line 27, GO	TO LINE 31. If line 23 is less than lin	e 27. GO TO LINE	34.				
	Amended returns: If line 23 is more than line 30, G	O TO LINE 31. If line 23 is less than	line 30, GO TO LIN	E 34.				
REF	FUND or PAYMENT DUE				31			
31.	Tax Due. If an original return, subtract line 27 from line 23. If an amended return, subtract line 30 from line 23.							
32.	32. Penalty Interest from due date Enter total							
33.	TOTAL DUE. Add lines 31 and 32			<u>-</u>	33			
34.	Overpayment. If an original return, subtract line If an amended return, subtract line 23 from line	e 23 from line 27. 30	34					
35.	REFUND. Amount of line 34 you want refur	nded to you	35					
	ESTIMATED TAX. Amount you want credite			m line 34. <b>■</b>	36			

## Schedule A - Computation of the federal taxable income of the estate or trust derived from Idaho sources. To be completed by all nonresident and part-year resident estates or trusts.

		· · · · · · · · · · · · · · · · · · ·	<u> </u>					
1. Tota	l income from federal Form 104	1, line 9			1			
	me derived from Idaho sources			2				
	io capital gain or (loss). Attach a			· · · · · · · · · · · · · · · · · · ·				
	I income derived from Idaho so							
	cent of total federal income deriv		•			<u>%</u>		
	uctions from federal Form 1041	_			6			
7. Ded	Deductions from federal Form 1041 not allocable to any specific income							
8. Mult	iply deduction amount from line	7 by line 5			8			
9. Tota	I deductions related to Idaho inc	come. Add lines 6 and 8			9	_		
	eral taxable income derived from	Idaho sources. Subtract line	9 from line 4.					
Ente	er here and on line 3, page 1.				10			
Schedu	ıle B - Credits							
1. Cred	dit for income tax paid to other s	tates – Nonresidents cann	ot claim this credi	t.				
	daho income tax, line 15, page			1a				
	Enter the amount from line 12, p			1b				
	Other state's adjusted income	•		1c				
	Divide line c by line b. Enter per			1d	%			
	Multiply line a by line d	_		1e				
	Other state's tax due less its inco			1f				
	Credit for income tax paid to oth							
	A copy of the other state's return				• 1g			
	dit for contributions to education					_		
3. Inve	stment tax credit. Attach Form	• 3						
4. Cred	Investment tax credit. Attach Form 49.      Credit for contributions to youth and rehabilitation facilities							
5. Cred	5. Credit for production equipment using post-consumer waste							
	S. Natural resources conservation credit							
7. Pror	noter-sponsored event credit				• 7			
8. Cred	dit for qualifying new employees	. Attach Form 55			• 8			
9. Cred	dit for Idaho research activities.	Attach Form 67			• 9			
10. Broadband equipment investment credit. Attach Form 68								
11. Ince	• 11							
12. Tota	12							
	ı	daho Fiduciary Tax	Computation	Schedule				
			•					
Calculate	the tax based on Idaho taxable in	ncome shown on line 14 on pa	ge 1. Enter the amo	ount of tax on line 15 on p	page 1.			
	If Idaho taxable income is	:	The tax is:					
	Less than or equal to \$1,05	1.6% of Ida	nho taxable income, line	e 14				
	Over \$1,056 but not over \$	2,113	\$16.90 plus	s 3.6% of excess over	\$1,056			
	Over \$2,113 but not over \$	3,169	\$54.93 plus	s 4.1% of excess over	\$2,113			
Over \$3,169 but not over \$4,226       \$98.25 plus 5.1% of excess over \$3         Over \$4,226 but not over \$5,282       \$152.13 plus 6.1% of excess over \$3         Over \$5,282 but not over \$7,923       \$216.57 plus 7.1% of excess over \$3								
	r \$7,923							
Over \$21,129								
■ Within 180 days of receiving this return, the Idaho State Tax Commission may contact the paid preparer to discuss it.								
	Under penalties of perjury, I decla	urn is true, correct and co	mplete.					
Signature of fiduciary			Paid preparer's signature		Preparer's EIN	I, SSN, or PTIN		
SIGN	-							
HERE	Date	Phone number	Address and phone num	nber				